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(F	Requestor's Name)	
(<i>f</i>	Address)	
(F	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
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TALLAHASSEE FINATE

J. SAULSBERRY EXAMINER AUG 8 2011

Whome form

COVER LETTER

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SUBJECT: The Center for Legal Justice LLC		
(Name of Alien Business Organization)		
Dear Sir or Madam:		
The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business fee(s) are submitted for filing.	s Organizatio	on and
Please return all correspondence concerning this matter to the following:		
Robby H. Birnbaum, Esq		
(Name of Person)		
Cranner on Mardon DA		
Greenspoon Marder PA		
(Firm/Company)	26 Si	
100 West Cypress Creek Rd suite 700	2011 AUG -5 SECRETARY	الب
(Address)	AR)	FILED
		يدا ا
Fort Lauderdale, FL 33309	- S	نسا د د د
(City/State and Zip Code)	AM 8: 43	السياد
For further information concerning this matter, please call:		
Yarly Franco at (954) 491-1120 xt 1226		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: MAILING ADDRESS:		٠
Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
▼ \$35.00 Filing Fee & Certified Co	рру	

INHS23 (08/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. Name of the limited liability company: The Center For Legal 2. (a) Principal office address of limited liability company: 902 Uint Moore Rd, Suite (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: int Moore Rd. Suite (Note: MAY BE POST OFFICE BOX) 4. Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized presentative of a member 100010

I hereby accept the appointment as registered agent and agree to act in this capacity Thirther agree to comply with the provisions of all statutes relative to the proper and complete performance of any auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Printed or typed name of signee